

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15421**

FILED MAY 8 1944

Registration District No. **27**

Primary Registration District No. **3052**

Registrar's No. **8140**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **Entire Life**
years, months or days)

3. (a) PRINT FULL NAME **Wanda Mae Brandhorst**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **April 1 1930**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 **18** hr. min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School**

11. Industry or business **None**

12. Name **Charles Henry Brandhorst**

13. Birthplace **Woollam Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella M. Boettcher**

15. Birthplace **Woollam Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles H. Brandhorst**

(b) Address **R. R. #2, Hughesville, Mo.**

17. (a) **Burial** (b) Date thereof **4/21/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia, Missouri**

19. (a) **4-21-44** (b) **Anna Burger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Hughesville, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. R. #2**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
year **1944** hour **8:30** minute **4** M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw alive on **April 19**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia Acute Subar** **2 day**

Due to **108**

Due to

Other conditions **Obesity**
(Include pregnancy within 3 months of death)

Major findings: **Glandular Dyscrasia**

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **Anna Burger** (M. D. or other)

Address **Sedalia** Date signed **4/21/44**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

1022

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. C. Hemminger

RECEIVED

District Health Officer No. 8,

District File Number

Case Filed

5-5-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

MAY 10 1944

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.